24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
Direct Selling Empowers Americans		C C00564997
		O cocons
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee Strategic Media Services	Date	e of Public Distribution/Dissemination
		10 05 7 2014
Mailing Address 1911 North Fort Myer Dr	Amo	ount
Suite 400 City State Zip C	Codo	1834.35
Arlington VA 2220)9 Trai	nsaction ID : SE.4235 e of Disbursement or Obligation
Purpose of Expenditure Media buy Cat	egory/ Type 004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ght: X House District: 07
Marsha Blackburn		ident Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	ent For:
Full Name of Payee The Tennessean	Dat	e of Public Distribution/Dissemination
Molling Address		10 05 2014
Mailing Address 1100 Broadway	Am	ount
City State Zip C	Code	10394.65
Nashville TN 372		e of Disbursement or Obligation
Purpose of Expenditure Media buy Cat	egory/ Type 004	09 / 24 / 2014
Name of Federal Candidate	Support Office Sou	ight: X House District: 07
Marsha Blackburn	Oppose Pres	sident Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	ent For: Primary ⊠ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	12229.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Adolfo Franco [Electronically	Filed] Date 10	06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		